Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application of Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PYO-575 OTHER THAN APPLICATION AS FILED - PART I OR SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) FEE (\$) RATE (\$) NUMBER EXTRA RATE (\$) FEE (\$) NUMBER FILED FOR BASIC FEE (37 CFR 1.16(a), (b), or (c)) SEARCH FEE (37 CFR 1,16(k), (i), or (m)) TOTAL CLAIMS OR minus 20 = (37 CFR 1.16(i)) INDEPENDENT CLAIMS = minus 3 = (37 CFR 1.16(h)) If the specification and drawings exceed 100 sheets of paper, the application size fee due APPLICATION SIZE is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See (37 CFR 1.16(s)) 35 U.S.C. 41(a)(1)(G)-and 37 CFR 1.16(s) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(i)) TOTAL TOTAL * If the difference in column 1 is less than zero, enter "0" in column 2. PPLICATION AS AMENDED - PART II OTHER THAN OR. SMALL ENTITY (Column 3) (Column 2) SMALL ENTITY (Column 1) HIGHEST CLAIMS RATE (S) ADDI-PRESENT RATE (S) ADDI: NUMBER REMAINING TIONAL IONAL PREVIOUSLY EXTRA AFTER
AMENDMENT EE (S) EE (S) PAID FOR Minus :25 1018 x100 = TO CERT MAN t thield 180 4 FIRST PRESENTATION OF MULTIPLE DEFENDENT CLAY (IN CHAIL W. ADDLEFF JColumb 21 JCclumn 31 - (1-1000م) HIGHEST CLAIMS DESKENT 11:11 5 HATE E 10,000 PAMARENT က 100 1.7755 PASINGLI. 25 11 14 H 14 A ã Minus independenting Ŋ., ũ Application Size Fee (37 CFR 1.16(s)) 180 PERST PRESENTATION LAMPLITY LE DEFENDENT CLAMP (EST 100 MIC). JAIC TOTAL OB: ADDIT FEE ADD'L FEE If the entry in column 1 is less than the entry in column 2, write 10° in column 3. 11 Bline "Highest Number Previously Paid For" IN THIS SPACE wiless than 20, enter 120 If the Highest Number Previously Paus For IN THIS SPACE is less than 3, enter "3"

The "Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete unduling galhering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case, Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003 **CLAIMS AS FILED - PART I** SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE [SMALL ENTITY OR **TOTAL CLAIMS** RATE FEE RATE FEE **FOR** OR BASIC FEE NUMBER FILED BASIC FEE **NUMBER EXTRA** 375.00 750.00 TOTAL CHARGEABLE CLAIMS minus 20= X\$ 9= X\$18= OR INDEPENDENT CLAIMS minus 3 = X42= X84= OR MULTIPLE DEPENDENT CLAIM PRESENT +140= +280= OR * If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR TOTAL **CLAIMS AS AMENDED - PART II** OTHER THAN (Column 1) SMALL ENTITY OR **SMALL ENTITY** (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT RATE **TIONAL** RATE TIONAL **AFTER PREVIOUSLY EXTRA** AMENDMENT PAID FOR FEE FEE Total: Minus X\$ 9= X\$18= OR Independent Minus X42 =X84= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140= +280= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-REMAINING ADDI-NUMBER **PRESENT** RATE TIONAL **AFTER** RATE **PREVIOUSLY EXTRA** TIONAL **AMENDMENT** PAID FOR FEE FEE Total Minus X\$ 9= X\$18=

_		(Column 1)		(Column 2)	(Column 3)	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
	Total	*	Minus	**	=	
	Independent	*	Minus	***	2	
۹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

Minus

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
X\$ 9=	·	OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE	

OR

OR

OR

OR

X84=

+280=

ADDIT. FEE

X42=

+140=

ADDIT. FEE

TOTAL

The "Highest Number Previously Paid For" (Total or Independent) is the highest numb r found in the appropriate box in column 1.

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AMENDMENT

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AMENDM

Independent

^{*} If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

^{**} If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3,"